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PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Donald E. Weder

Serial No.: 10/691,064

Atty. Dkt. No.: 8404.012

Filed: 10/22/2003

Examiner: J. Gellner

For: SLEEVE WITH ANGULAR
ARCUATE LOWER END

Group No.: 3643
(Conf. No.: 6112)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**NOTIFICATION OF FILING OF CONTINUING
OR DIVISIONAL APPLICATION**

Notification is hereby being made of the filing of a:

☒ continuation (Atty. Dkt. No.: 8404.293)

☐ continuation-in-part

☐ divisional

application for this case

☒ concurrently herewith

☐ on_____.
(date)

A handwritten signature in black ink, appearing to read "Kathryn L. Hester".

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/691,064
Filing Date	10/22/2003
First Named Inventor	Donald E. Weder
Art Unit	3643
Examiner Name	J. Gellner
Attorney Docket Number	8404.012

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Transmittal Form (1 page); 2. Extension of Time (1 page); 3. Credit Card Form (1 page); 4. Express Abandonment Under 37 CFR 1.138 (1 page); 5. Notice of Filing Continuation (1 page); and 6. Return Receipt Postcard.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DUNLAP, CODDING & ROGERS, P.C.		
Signature			
Printed name	Kathryn L. Hester		
Date	8-24-05	Reg. No.	46,768

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Kathryn L. Hester	Date	8-24-05

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